

10.559967

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT	
9/14/09 CLAIMS						9/14/09	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1							51
2							52
3	2		2				53
4	2		1				54
5	2		1				55
6	2		1				56
7	2		1				57
8	2		1				58
9							59
10	2		1				60
11	2		1				61
12							62
13	3						63
14							64
15							65
16	1						66
17							67
18			1				68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		2				
TOTAL DEP.	53		49				
TOTAL CLAIMS	5		5				